

# MEDICINES MANAGEMENT GUIDE TO PRESCRIBING

## Section 2 – Prescribing responsibilities

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## 2.1 INTRODUCTION TO THIS SECTION

Medicines may only be prescribed by registered doctors, dentists or non-medical prescribers. The person issuing the prescription takes **clinically responsibility** for the intervention. This section describes the local structures and mechanisms that are in place to ensure that patients receive prescriptions from the most appropriate person.

## 2.2 PRIMARY/SECONDARY CARE INTERFACE

Surrey Heartlands Integrated Care Board (ICB) is a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the local NHS budget and arranging for the provision of health services in the Surrey Heartlands ICS area. Within the Surrey Heartlands area there are four separate place-based partnerships. Each of these 'Places' ICB interfaces with a wide range of providers as follows:

Place	Main Acute Trust	Community Services Provider
<b>East Surrey Place</b>	<ul style="list-style-type: none"><li>Surrey and Sussex Healthcare NHS Trust</li></ul>	<ul style="list-style-type: none"><li>First Community Health &amp; Care</li></ul>
<b>Guildford &amp; Waverley Place</b>	<ul style="list-style-type: none"><li>Royal Surrey County Hospital NHS Foundation Trust</li></ul>	<ul style="list-style-type: none"><li>Procure / Royal Surrey County Hospital</li></ul>
<b>North West Surrey Place</b>	<ul style="list-style-type: none"><li>Ashford and St. Peter's Hospitals NHS Foundation Trust</li></ul>	<ul style="list-style-type: none"><li>CSH Surrey</li></ul>
<b>Surrey Downs Place</b>	<ul style="list-style-type: none"><li>Epsom and St Helier University Hospitals NHS Trust</li><li>Surrey and Sussex Healthcare NHS Trust</li><li>Kingston Hospital NHS Foundation Trust</li></ul>	<ul style="list-style-type: none"><li>Surrey Downs Health &amp; Care</li></ul>

Surrey Heartlands ICB interfaces with the same mental health provider, Surrey and Borders Partnership NHS Foundation Trust.

The Medicines Optimisation team across the ICB interfaces with these Trusts on a regular basis and formally at the following forums (click on links for more details of each group):

- Area Prescribing Committee ([APC](#))
- Acute Trust Drugs & Therapeutics Committees (D&TC) or equivalent
- Medicines Optimisation Board ([MOB](#))
- Medicines Safety Committee ([MSC](#))
- Medicines Optimisation Operational Group ([MOOG](#))

In addition, the ICB interfaces with a number of other providers, including Community Pharmacies, Any Qualified Providers (AQP), Out of Hours and ambulance service providers, through various mechanisms.

All Places within the ICB have their own Medicines Optimisation Group (MOG) which supports decision integration and implementation within each Place.

### **2.3 AREA PRESCRIBING COMMITTEE (APC)**

The APC is a decision-making committee that fosters engagement in medicines management issues at the highest level within member organisations to improve collaboration. It promotes equity of access to medicines and provides rational, safe and transparent recommendations on the use of medicines across Surrey Heartlands ICS. Recommendations from the APC are published on the Prescribing Advisory Database (PAD).

At the time of writing, a Surrey Heartlands Joint Formulary is in development and will be hosted on the PAD.

Further information about the APC can be found on the PAD <http://pad.res360.net> (search for APC).

### **2.4 PRESCRIBING ADVISORY DATABASE (PAD) – TRAFFIC LIGHT STATUS**

More information about the PAD can be found in Section 1.

Each drug entry on the PAD has been assigned a Traffic Light Status which is a locally agreed colour-coded guidance system on the use of medicines across the interface between primary and secondary care. It provides a framework for defining where clinical and therefore prescribing responsibility should lie.

All providers including NHS organisations, private GPs or specialists or any qualified providers are expected to work within the colour classification framework. Where necessary, clinicians should discuss the appropriate management of individual patients to ensure safe prescribing of medicines when care is transferred across the interface. On occasions both parties may agree to work outside of this guidance.

In the table below, shared care agreements are mentioned under Amber status. These arrangements aim to facilitate the seamless transfer of individual patient care from secondary / specialist care to general practice. They are intended for use when medicines, often prescribed for potentially serious conditions and complex by their very nature, are initiated in secondary / specialist care and then prescribed by a prescriber in primary care. These medicines will often have a relatively high adverse effect profile and may require specific monitoring.

The APC has agreed the following traffic light definitions:

<b>Red</b>	Specialist ONLY drugs - treatment initiated and continued by specialist clinicians
<b>Amber</b>	Prescribing initiated and stabilised by specialist but has potential to transfer to primary care under a formal shared care agreement
<b>Blue</b> (formerly Amber Star status)	Prescribing initiated and stabilised by specialist but has potential to transfer to primary care WITHOUT a formal shared care agreement. Please note that in some circumstances a specialist may recommend that prescribing can be started in primary care.
<b>Green</b>	GPs (or non-medical prescribers in primary care) are able to take full responsibility for initiation and continuation of prescribing.
Green (see narrative)	GPs (or non-medical prescribers in primary care) are able to take full responsibility for initiation and continuation of prescribing. Please refer to the narrative on the Drug Profile page where additional information may be conveyed as to the place in therapy or restrictions for use that have been locally agreed.
<b>Non Formulary</b> (formerly Black status)	Not recommended for use in any health setting across Surrey Heartlands ICS
<b>Do not initiate in new patients</b> (formerly Green/Black status)	These drugs are NOT for new initiations (Non Formulary) but prescribing for existing patients may continue (GREEN). Please refer to the narrative on the Drug Profile page for further information if required.
<b>See narrative</b>	See narrative - is applied in instances where there may be more than one traffic light status for a drug. This occurs when the traffic light status may differ between specific cohorts of patients e.g. those of childbearing potential and those who are not (in the case of sodium valproate)

There may be occasions when requests to prescribe certain medicines identifies a conflict between the status of the medicines on the host's formulary compared to the status within Surrey Heartlands ICS as indicated on PAD. If this situation a document is available on the PAD [‘Guide to Managing Requests from NHS providers outside of Surrey Heartlands’](#) that considers the actions that could be taken to assist practices in deciding whether they should accept responsibility for prescribing. It is expected that Trusts that are represented on the Surrey Heartlands APC as Members or Associate Members should follow Surrey Heartlands' pathways and guidelines for patients registered to Surrey Heartlands' general practices.

## 2.5 MEDICINES NOT ON THE PAD / HOLDING STATEMENTS

The PAD only provides a traffic light status for medicines that have been considered by the APC since its inception in 2009. For established medicines, new to market pre-2009, that are not on PAD, prescribers should consider that they have the confidence, and knowledge/experience to accept clinical responsibility to prescribe. The BNF and Summary of Product Characteristics are valid sources of information to use.

The Medicines Optimisation team undertake regular “horizon scanning” and may identify new medicines or products that might be of interest for prescribers. An assessment of their potential impact is made and a holding statements may be assigned and will appear on the PAD. The aim of the entry will be to advise that the drug has not yet been considered locally and an estimate of the timescale for consideration.

Prescribers are encouraged to follow local prescribing recommendations where possible. In circumstances where the APC has not yet considered a medicine and existing, assessed medicines are not suitable, prescribers are recommended to seek appropriate information on safety, clinical effectiveness and value to the NHS prior to prescribing. The BNF and the Summary of Product Characteristics (SPC) are valid sources of information (SPCs may be accessed at <https://www.medicines.org.uk/emc/>). If in doubt, contact the local place-based medicines optimisation teams for advice, either individually, or through the generic emails below.

Place based team	Generic email
East Surrey	<a href="mailto:syheartlandsicb.eastsurreymmt@nhs.net">syheartlandsicb.eastsurreymmt@nhs.net</a>
Guildford & Waverley	<a href="mailto:syheartlandsicb.gwmmt@nhs.net">syheartlandsicb.gwmmt@nhs.net</a>
North West Surrey	<a href="mailto:syheartlandsicb.nwsmt@nhs.net">syheartlandsicb.nwsmt@nhs.net</a>
Surrey Downs	<a href="mailto:syheartlandsicb.sdmmt@nhs.net">syheartlandsicb.sdmmt@nhs.net</a>

## 2.6 INTERFACE PRESCRIBING

The interface prescribing policy is included in contracts with all providers commissioned to deliver NHS services which include prescribing and drugs. The aim is to facilitate consistent, cost-effective, safe prescribing practice across Surrey Heartlands ICS.

The policy includes information on:

- Referrals and admissions, including medicines reconciliation
- In-patient arrangements, including the use of patients' own drugs

- Discharge Arrangements, including requirements of supply and information to be provided to the patient's GP
- Out-patients/Day Case, including information regarding non-urgent medicines
- Homecare
- Other prescribable items, including Oral Nutritional Supplements (ONS) and supply of dressings and appliances.
- Patients attending Accident and Emergency
- People at risk of harm
- Unlicensed medicines or medicines used outside of their licensed indication(s)
- When Responsibility for Prescribing Remains with Providers
- Transfer of Prescribing - medicines requiring specialist monitoring (drugs that are classified as Amber or Amber\*/Blue on the APC traffic light system)
- Tertiary Care Referrals
- Patient Group Directions
- Non-medical prescribing
- Clinical Trials & Ethics Committees

For each situation, duration of supply and expectations of information to be provided to patients and clinicians are articulated within the policy

The most recent policy is available on the PAD at <https://surreyccg.res-systems.net/PAD/Guidelines/Detail/6192>

Template letters to support primary care prescribers when asked to prescribe drugs outside of this policy are available on the Interface Prescribing Policy page on the PAD. These cover non-formulary drugs, red drugs, requests for shared care information and unlicensed drugs.

In situations where requests are made by providers outside of local interface arrangements the following general points should be considered:

The [GMC's Good Medical Practice](#) guidelines state that you must:

- Make the care of your patient your first concern
- Recognise and work within the limits of your professional competence

Prescribing at the primary/secondary care interface presents a number of potential difficulties:

- The medicine may be outside of the GP's current experience
- The prescriber may have been given inadequate information about the medication and its management
- The prescriber may not be in control of the monitoring and/or does not receive results of such
- The treatment may be outside of the licensed indications
- The dosage may be outside of the licensed range
- Local Policy and/or the BNF recommends specialist supervision
- The treatment may not be obtainable from community pharmacy

[Responsibility for prescribing between Primary & Secondary/Tertiary Care](#) (NHS England, 2018) states that:

“Clinical responsibility for prescribing should sit with those professionals who are in the best position and appropriately skilled to deliver care which meets the needs of the patient”.

The guidance recognises the challenges above, stating that:

“when decisions are made to transfer clinical and prescribing responsibility for a patient between care settings, it is of the utmost importance that the GP feels clinically competent to prescribe the necessary medicines. It is therefore essential that a transfer involving medicines with which GPs would not normally be familiar should not take place without full local agreement, and the dissemination of sufficient, up-to-date information to individual GPs. If the GP considers him- or herself unable to take on this responsibility, then this should be discussed between the relevant parties so that additional information or support can be made available, or alternative arrangements made.”

Formal “Shared Care” arrangements may be an appropriate way of overcoming some of these issues.

## **2.7 REQUESTS FOR PRESCRIBERS TO PRESCRIBE RED / HOSPITAL ONLY DRUGS**

Prescribers should not be asked to accept prescribing responsibility for red drugs from our local acute Trusts or other specialists. The Interface Prescribing Policy states that for specialist drugs, the provider will make arrangements for issuing medication in between clinical reviews as appropriate e.g., implementation of a trust repeat dispensing scheme.

Requests for red drugs should be declined, but if after contacting the acute Trust / specialist the issue cannot be resolved, the prescriber should contact their ICB Medicines Optimisation Team pharmacist or pharmacy technician directly or via the place team generic email (see section 2.9)

There may be some occasions where requests from tertiary centres and other providers outside of Surrey Heartlands that are in conflict with the red status on the Surrey Heartlands local Traffic Light System. In these instances the prescriber should:

- Consider whether they have the confidence and knowledge/experience to accept the clinical responsibility associated with prescribing the drug
- Decide whether they have been given sufficient information from the tertiary centre or other provider, or if there is a shared care protocol available from the host organisation
- Contact a member of the ICB Medicines Optimisation team for further advice if necessary – drugs funded by NHS England that are for specialised services should not be prescribed by in primary care.



The [Guide to Managing Requests from NHS providers outside of Surrey Heartlands](#) highlighted in section 2.4 provides more detail on how these situations should be managed.

If a prescriber is unwilling to accept responsibility, it should be possible for prescriptions to be issued by a hospital prescriber and posted to a patient who lives at a distance from the hospital.

**NB: Where a red drug is prescribed by a practice the financial impact should be considered. An adjustment to the practice prescribing allocation is highly unlikely to be made to cover the cost of prescribing.**

## **2.8 MEDICINES ( & DEVICES) EXCLUDED FROM THE NATIONAL TARIFF PAYMENT SYSTEM NOTIFICATIONS FOR FUNDING TO THE ICB FROM ACUTE TRUSTS FOR HIGH COST DRUGS (OR DEVICES)**

A number of high cost drugs, devices, procedures and products have been excluded from the scope of the national tariff payment system. Medicines (& some devices) are not included within the national tariff prices that are paid for routine packages of care. NHS England are the responsible commissioner for some (70%) of the treatments prescribed in the more specialised services (cancer, HIV, Multiple Sclerosis etc) and the remaining 30% are the commissioning responsibility of ICBs.

Surrey Heartlands ICB has agreed specific commissioning arrangements for managing medicines (& devices) excluded from national tariff (which fall under the remit of the ICB) with the providers from which it commissions services. It cannot be assumed that the ICB will automatically fund these drugs (or devices).

A series of standard forms have been developed ('tick box' forms) in line with the ICB's commissioning arrangements. Acute trusts must use these forms for notification that treatment has been initiated. Forms **must** be submitted electronically via the web-based database (Blueteq) [Hi-Cost Drugs Database Trust Edition - National \(blueteq-secure.co.uk\)](https://www.blueteq-secure.co.uk). The patient must meet ALL pre-determined criteria.

An individual funding request (IFR) should be submitted where a request for a medicine (or device) is made for use outside of the commissioning arrangements (i.e. where there is no national guidance from NICE and the APC has not made a decision to routinely fund a medicine (or device) excluded from the national tariff. If the IFR clinical screening panel agrees that the case is eligible for consideration as an IFR, it will be discussed at the next available IFR panel. IFR panels are held on the 4<sup>th</sup> Wednesday of each calendar month. Information on the IFR policy can be found on the Surrey Heartlands ICB website by following this link:

<https://www.surreyheartlands.org/individual-funding-requests>

All medicines (& device) related IFRs should be sent to the Medicines Resource Unit at [highcost.drugs@nhs](mailto:highcost.drugs@nhs) net and that team will take the IFR through the process. The



MRU can also be contacted via this email address to provide support and advice to clinicians prior to completing an IFR. (An IFR may not always be the right approach to obtain funding for this medicine or device).

Although the majority of the medicines (& devices) excluded from the national tariff are RED on the traffic light system (prescribing to be retained in secondary / tertiary care) detailed guidance on the use / prescribing of these medicines (or devices) across the interface can be found in the Prescribing Advisory Database (see section 1.7)

Most of these medicines and devices are specialist in nature and should not be prescribed in primary care. Due to the complexities of funding streams, if primary care prescribe a drug that is usually funded through NHS England, the ICB will pick up the costs of a drug for which they do not have allocated funds; this will then impact on the resources available to support other local services. In addition, if a patient does not meet the defined criteria for access to the drug, this will lead to inequity.